Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the September 15, 2005, meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
Bisphosphonate Class Re-review	1. Bisphosphonate class was reviewed by P&T in August 2004. 2. All agents in the bisphosphonate class are considered clinically equivalent in efficacy and safety. 3. Continue quantity limits on bisphosphonate agents. **4. Boniva is the new drug in the class since last review.** 5. Place quantity limit on Boniva. 6. DMS to select agent(s) as preferred based on economic evaluation. 7. Agents not selected as preferred based on economic evaluation will require PA. 8. For any new chemical entity in the bisphosphonate class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
Sedative Hypnotic Class Re-review	1. Sedative Hypnotic class was reviewed by P&T in May 2002. 2. All agents in the Sedative Hypnotic class are considered clinically equivalent in efficacy and safety. 3. Continue quantity limits on sedative hypnotic agents. 4. Step therapy- generic benzodiazepine claim within the past 12 months prior to initiation of Ambien , Lunesta, or Sonata with the exception of pregnant women and patients > than 65 years old. **5. Lunesta is the new drug in the class since the last review.** 6. Place quantity limits on Lunesta. 7. DMS to select agent(s) based on economic evaluation. 8. Agents not selected as preferred based on economic evaluation will require PA. 9. For any new chemical entity in the sedative hypnotic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
ACEI Class Re-review	1. ACE Inhibitors were reviewed by P&T in May 2004. 2. All ACE Inhibitors were considered clinically equivalent in efficacy and safety. **3. No new agents in the class since the last review.** 4. DMS to select agent(s) based on economic evaluation. 5. Agents not selected as preferred based on economic evaluation will require PA 6. For any new chemical entity in the ACEI class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.

ARBs Class Re-review	1. ARB class was reviewed by P&T in May 2004. 2. All ARBs were considered clinically equivalent in efficacy and safety. **3. No new agents in ARB class since last review.** 4. DMS to select agent(s) based on economic evaluation. 5. Step therapy-Require an ACE claim within the past 12 months prior to initiation of an ARB therapy. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the ARBs class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.
Serotonin Receptor Agonist Class Re-review	1. Serotonin Receptor Agonist Class was reviewed by P&T in May 2004. 2. All agents are considered clinically equivalent in efficacy and safety. 3. Continue quantity limits on the Serotonin Receptor Agonist agents. **4. No new agents in the class since the last review.** 5. DMS to select agent(s) based on economic evaluation. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the Serotonin Receptor Agonist class, require a PA and quantity limit until reviewed by the P&T Advisory Committee
Thiazolidinediones Oral Antidiabetic Class Re-review	1. The Thiazolidinediones (Triglitazone) class was reviewed by P&T in March 2004. 2. All agents were considered clinically equivalent in efficacy and safety. 3. Continue quantity limits placed on agents in class. **4. No new agents in the class since the last review.** 5. DMS to select agent(s) based on economic evaluation. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the Thiazolidineone class, require a PA and quantity limit until reviewed by the P&T Advisory Committee
HMG Co-A Reductase Inhibitors (Statins) Class Re-review	1. HMG Co-A Reductase Inhibitor Class was reviewed by P&T in March 2004. 2. All agents are considered clinically equivalent in efficacy and safety. 3. Continue quantity limits placed on agents in class. **4. No new agents in the class since the last review.** 5. DMS to select agent(s) based on economic evaluation. 6. Agents not selected as preferred based on economic evaluation will require PA. 7. For any new chemical entity in the Statin class, require a PA and quantity limit until reviewed by the P&T Advisory Committee

COPD Therapeutic Class Review	1. All agents are considered clinically equivalent in efficacy and safety. 2. Place quantity limits on agents in class. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the COPD class, require a PA and quantity limit until reviewed by the P&T Advisory Committee
Immunomodulators- Rheumatoid Arthritis Therapeutic Class Review	1. All agents are considered clinically equivalent in efficacy and safety. 2. Prior authorization on all agents based on FDA indications. 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the Immunomodulator RA class, require a PA and quantity limit until reviewed by the P&T Advisory Committee
Urinary Tract Antispasmodics Therapeutic Class Review	1. All urinary tract antispasmodics and all dosage forms are clinically equivalent in efficacy safety. 2. Place quantity limits on the overactive bladder agents 3. DMS to select agent(s) based on economic evaluation. 4. Agents not selected as preferred based on economic evaluation will require PA. 5. For any new chemical entity in the urinary tract antispasmodic class, require a PA and quantity limit until reviewed by the P&T Advisory Committee.

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.